POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.T		10/3-00
O.I.P.E. CLASSIFIER		26/	11/6
FORMALITY REVIEW	C.H	69916	12/2/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim Final	Original	Date				Claim Final	Original	Date				Claim Final	Original	Date		
	1	✔	✔	✔			51	✔	✔	✔			101			
	2						52						102			
	3						53						103			
	4						54						104			
	5						55						105			
	6						56						106			
	7						57						107			
	8						58						108			
	9						59						109			
	10						60						110			
	11						61						111			
	12						62						112			
	13						63						113			
	14						64						114			
	15						65						115			
	16						66						116			
	17						67	✔	✔	✔			117			
	18						68						118			
	19						69						119			
	20						70						120			
	21						71						121			
	22						72						122			
	23						73						123			
	24						74						124			
	25						75						125			
	26						76						126			
	27	✔	✔	✔			77						127			
	28	O	O	O			78						128			
	29	✔	✔	✔			79						129			
	30	✔	✔	✔			80						130			
	31	✔	✔	✔			81						131			
	32						82						132			
	33						83						133			
	34						84						134			
	35						85						135			
	36						86						136			
	37						87						137			
	38						88						138			
	39						89						139			
	40						90						140			
	41	✔	✔	✔			91						141			
	42	O	O	O			92						142			
	43	✔	✔	✔			93						143			
	44	✔	✔	✔			94						144			
	45	✔	✔	✔			95						145			
	46	✔	✔	✔			96						146			
	47	✔	✔	✔			97						147			
	48	O	O	O			98						148			
	49	✔	✔	✔			99						149			
	50	✔	✔	✔			100						150			

If more than 150 claims or 10 actions
staple additional sheet her

(LEFT INSIDE)